

ATTACHMENT 2.2-A
Page 22
OMB NO.: 0938-

OMB NO.: 0938-

Groups Covered

1902(a) ~~(X)~~
(ii)(X)
and 1902(m)
(1) and (3)
of the Act

- a. Who are 65 years of age or older or are disabled, as determined under section 1614(a)(3) of the Act. Both aged and disabled individuals are covered under this eligibility group.
- b. Whose income does not exceed the income level (established at an amount up to 100 percent of the Federal income poverty level) specified in Supplement 1 to ATTACHMENT 2.6-A for a family of the same size; and
- c. Whose resources do not exceed the maximum amount allowed under SSI; ~~XXXXXX XXXX XXXX XXXX~~
~~more restrictive financial criteria~~ or under the State's medically needy program as specified in ATTACHMENT 2.6-A.

Supplement 2 to

Effective Date 1/1/99

HCFA ID: 7983E

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: North Carolina

COVERAGE AND CONDITIONS OF ELIGIBILITY

Citation(s)

Groups Covered

B. Optional Groups Other Than the Medically Needy
(Continued)

1902(a)(47)
and 1920 of
the Act

- X 17. Pregnant women who are determined by a "qualified provider" (as defined in §1920(b)(2) of the Act) based on preliminary information, to meet the highest applicable income criteria specified in this plan under ATTACHMENT 2.6-A and are therefore determined to be presumptively eligible during a presumptive eligibility period in accordance with §1920 of the Act.

Revision: HCFA-PM-91-8 (MB)
October 1991

ATTACHMENT 2.2-A
Page 23a
OMB NO.:

State/Territory: North Carolina

Citation

Groups Covered

B. Optional Groups Other Than the Medically Needy
(Continued)

1906 of the
Act

18. Individuals required to enroll in cost-effective employer-based group health plans remain eligible for a minimum enrollment period of 6 months.

1902(a)(10)(F)
and 1902(u)(1)
of the Act

19. Individuals entitled to elect COBRA continuation coverage and whose income as determined under Section 1612 of the Act for purposes of the SSI program, is no more than 100 percent of the Federal poverty level, whose resources are no more than twice the SS resource limit for an individual, and for whom the State determines that the cost of COBRA premiums is likely to be less than the Medicaid expenditures for an equivalent set of services. See Supplement 11 to Attachment 2.6-A.

TN No. 92-27

Supercedes

TN No. NEW

Approval Date 1-31-94

Effective Date 7/1/92

HCFA ID: 7982E

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: North Carolina

COVERAGE AND CONDITIONS OF ELIGIBILITY

Citation Groups Covered

B. Optional Coverage Other Than the Medically Needy
(Continued)

1902(a) (10) (A)
(ii) (XIV) of the Act

___ 20. Optional Targeted Low Income Children who:

- a. are not eligible for Medicaid under any other optional or mandatory eligibility group or eligible as medically needy (without spenddown liability);
- b. would not be eligible for Medicaid under the policies in the State's Medicaid plan as in effect on March 3, 1997 (other than because of the age expansion provided for in S1902(1) (2) (D);
- c. are not covered under a group health plan or other group health insurance (as such terms are defined in S2791 of the Public Health Service Act coverage) other than under a health insurance program in operation before July 1, 1997 offered by a State which receives no Federal funds for the program;
- d. have family income at or below 200 percent of the Federal poverty level for the size family involved, as revised annually in the Federal Register; or

A percentage of the Federal poverty level, which is in excess of the "Medicaid applicable income level" (as defined in S2110 (b) (4) of the Act) but by no more than 50 percentage points.

The State covers:

_____ All children described above who are under age _____ (18, 19) with family income at or below _____ percent of the Federal poverty level.

_____ The following reasonable classifications of children described above who are under age _____ *17m 18(with family income at or below the percent of the Federal poverty level specified for the classification:

(ADD NARRATIVE DESCRIPTION(S)
OF THE REASONABLE
CLASSIFICATION(S) AND THE
PERCENT OF THE FEDERAL POVERTY
LEVEL USED TO ESTABLISH
ELIGIBILITY FOR EACH
CLASSIFICATION.)

1902 (e) (12) of the Act X 21.
who

A child under age 19 (not to exceed age 19)

has been determined eligible is deemed to be eligible for a total of 12 months (not to exceed 12 months) regardless of changes in circumstances other than attainment of the maximum age stated above.

1920A of the Act 22.

Children under age 19 who are determined by a qualified entity" (as defined in S1920A(b) (3) (A)) based on preliminary information, to meet the highest applicable income criteria specified in this plan.

The presumptive period begins on the day that the determination is made. If an application for Medicaid is filed on the child's behalf by the last day of the month following the month in which the determination of presumptive eligibility was made, the presumptive period ends on the day that the State agency makes a determination of eligibility based on that application. If an application is not filed on the child's behalf by the last day of the month following the month the determination of presumptive eligibility was made, the presumptive period ends on that last day.

Revision: HCFA-PM-91-4 (BPD)
AUGUST 1991

ATTACHMENT 2.2-A
Page 24
OMB NO.: 0938-

State: North Carolina

Agency*	Citation(s)	Groups Covered
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C. Optional Coverage of the Medically Needy

42 CFR435.301 This plan includes the medically needy.

☐ No.

☒ Yes. This plan covers:

1. Pregnant women who, except for income and/or resources, would be eligible as categorically needy under title XIX of the Act.
2. Women who, while pregnant, were eligible for and have applied for Medicaid and receive Medicaid as medically needy under the approved State plan on the date the pregnancy ends. These women continue to be eligible, as though they were pregnant, for all pregnancy-related and postpartum services under the plan for a 60-day period, beginning with the date the pregnancy ends, and any remaining days in the month in which the 60th day falls.

1902(e) of the Act
3. Individuals under age 18 who, but for income and/or resources, would be eligible under section 1902(a)(10)(A)(i) of the Act.

1902(a)(10)(C)(ii)(I) of the Act

TN No. 92-01

Supersedes

TN No. NEW

Approval Date 10-21-92

Effective Date 1/1/92-

HCFA ID: 7983E

State: North Carolina

Agency*	Citation(s)	Groups Covered
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C. Optional Coverage of Medically Needy (Continued)

- ☐ (c) In addition to the group under b.(1)(a) and (b), individuals placed in foster homes or private institutions by private, nonprofit agencies (and are under the age of ____).
- ☐ (2) Individuals in adoptions subsidized in full or part by a public agency (who are under the age of ____).
- ☐ (3) Individuals in NFs (who are under the age of ____). NF services are provided under this plan.
- ☐ (4) In addition to the group under (b)(3), individuals in ICFs/MR (who are under the age of ____).
- ☐ (5) Individuals receiving active treatment as inpatients in psychiatric facilities or programs (who are under the age of ____). Inpatient psychiatric services for individuals under age 21 are provided under this plan.
- ☐ (6) Other defined groups (and ages), as specified in Supplement 1 of ATTACHMENT 2.2-A.

TN No. 92-01

Supersedes

TN No. NEW

Approval Date 10-21-92

Effective Date 1/1/92

HCFA ID: 7983E

State: North Carolina

Agency*	Citation(s)	Groups Covered
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C. Optional Coverage of Medically Needy (Continued)

42 CFR 435.310 ☒ 6. Caretaker relatives.

42 CFR 435.320 ☒ 7. Aged individuals.
and 435.330

42 CFR 435.322 ☒ 8. Blind individuals.
and 435.330

42 CFR 435.324 ☒ 9. Disabled individuals.
and 435.330

42 CFR 435.326 ☐ 10. Individuals who would be ineligible if they were
not enrolled in an HMO. Categorically needy
individuals are covered under 42 CFR 435.212 and
the same rules apply to medically needy
individuals.

435.340 11. Blind and disabled individuals who:

- a. Meet all current requirements for Medicaid
eligibility except the blindness or disability
criteria;
- b. Were eligible as medically needy in December
1973 as blind or disabled; and
- c. For each consecutive month after December 1973
continue to meet the December 1973 eligibility
criteria.

TN No. 92-01

Supersedes

TN No. NEW

Approval Date 10-21-92

Effective Date 1/1/92

HCFA ID: 7983E

Revision: HCFA-PM-91-8 (BPD)

October 1991

ATTACHMENT 2.2-A

Page 26a

OMB NO.: 0938-

State: North Carolina

Citation(s)

Groups Covered

C. Optional Coverage of Medically Needy
(Continued)

1906 of the
Act

12. Individuals required to enroll in
cost effective employer-based group
health plans remain eligible for a minimum
enrollment period of 6 months.

TN No. 92-27

Supersedes

TN No. NEW

Approval date 1-31-94

Effective date 7/1/92